School Climate



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The school's climate refers to both the physical and aesthetic qualities of the school, as well as the emotional and psychological qualities of the school. The emotional and psychological qualities of a school refer to the attitudes, beliefs, and feelings of the faculty, staff, and students (1).

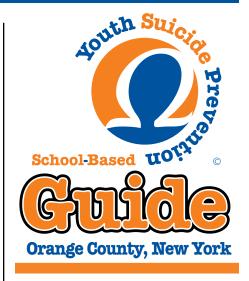
The physical environment includes campus walkways and grounds, parking lots, school vehicles, cafeterias, bathrooms, gymnasiums, classrooms, and the equipment that is used in each of these places (2). Both qualities have a direct effect on the health, safety, performance, and the feeling of connectedness the staff and students have for their school.

Connectedness

Research has shown that students who feel connected to their school (e.g., felt teachers treated them fairly, felt close to people at school, felt like a part of their school) are less likely to experience suicidal thoughts and experience emotional distress (2, 4, 47). The National Longitudinal Study on Adolescent Health surveyed more than 90,000 students (grades 7–12) and found that students' feeling of connectedness was the number one protective factor against suicidal behavior (3). Students who feel connected to the school are also less likely to drink alcohol, carry weapons, or engage in other delinquent behavior (2). Research suggests that schools that wish to foster a feeling of connectedness in students should consider providing students with after school activities or clubs (4, 5), allowing students some involvement in decision making relating to issues that will affect them within their school (4, 63, 75), and creating small-sized student learning groups where students can discuss bias, prejudice, and the fair and equal treatment of all students in the school (75).

Participation

Research has shown that when students participate in decisions regarding their school and their community they tend to be healthier and more productive (4, 9, 10, 48). Assigning students roles in the school is an essential element for ensuring a healthy school climate (2, 4, 5, 10). A comprehensive 15,000-hour study of classroom strategies by the Surgeon General on Youth Violence found that academic achievement increased as the number of meaningful roles that the school assigned to students increased (45). It is important for schools to involve students in meaningful school roles and decisions in order to foster a sense of ownership in students. Students can play important roles in the school, acting as office helpers, classroom helpers, hallway monitors, school council members, or play a primary role in any number of student school committees such as a safe school planning committee. Students should be encouraged to participate in creating or revising their school's code of conduct, as well policies regarding the reporting of bullying (63, 74).





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In the past, these jobs have been under-advertised to students who don't "excel." These jobs have been offered more as a reward to those who have succeeded in the past instead of as an opportunity for those who may have failed in the past and now feel discouraged or intimidated. Some suggest that these "underachievers" should be actively involved in such opportunities because these individuals may be the most at-risk for suicidal or violent behavior (2). Through their involvement with the school, these students (those potentially at-risk) may feel more connected to the school, which has been found to be an important protective factor for suicidal behaviors and ideations (2, 4, 39, 46, 47, 74).

Academic Success

Two of the main focal points for schools are academic success and supporting students so that they may achieve these high academic standards. Results of the 2009 Youth Risk Behavior Surveillance showed that students with high grades were less likely to make a suicide attempt (76), so it is critical that schools set academic goals for success and advancement (7) and provide encouragement to students when they meet or exceed these goals (2). A school may choose to use the media to put the names or faces of students who achieve their goals in print or on screen as well as displaying students' work in and around school (7). In order for students to achieve their academic potential and in order to decrease their likelihood of suicidal behaviors or other violent behaviors, students must feel safe and supported.

Safety

There are several strategies that schools can implement in order to make students' learning environment the safest possible and most productive. Lack of physical and/or emotional safety is likely to result in unconstructive educational outcomes such as poor academic performance or truancy. Research has shown that students who feel victimized by other students or staff have an elevated risk of suicidal ideations and behaviors (12, 13, 20). It is critical that schools set high expectations on all staff to behave respectfully and kindly to others, as adolescents tend to watch and mimic the behaviors they observe in adults (2, 22). Teachers should fashion a classroom where students feel respected, supported, and feel comfortable approaching an adult when confronted with problems (2, 4, 7, 46, 48, 74). Research shows that a positive relationship with an adult, not necessarily with a teacher, is one of the most critical factors in preventing student violence, suicide, and bullying, as students need to feel comfortable enough to share potentially dangerous information (5, 10, 46, 48).

Research has also found that adolescents are most likely to know in advance about a potentially dangerous and violent situation, particularly suicidal behavior or thoughts from peers (35, 49-51).

For this reason, it is important for schools to create ways for students to feel comfortable enough about providing information to an adult when confronted with a potentially dangerous situation. Students should be provided a list of adults in school that they may contact if they feel unsafe or if they have knowledge about a potentially dangerous situation, and the difference between "ratting out someone" and reporting a situation should be clearly distinguished (74). Students are more likely to feel connected to their school if they believe that they are being treated fairly, feel safe, and believe that teachers are supportive (8, 74).

Bullying: Special Safety Concern

Bullying is negative or abusive behavior, repeated over a period of time, and in which there is an imbalance of strength or power between or among the parties involved (14, 15). Bullying occurs more frequently in a school setting than away from school (65), so it is essential that schools train their staff to identify harassing behavior and how to effectively intervene (2, 6, 21). This malicious behavior can be physical, verbal, or relational, and can occur faceto-face, or electronically (cyber-bullying) (60, 61, 62). Students at-risk for being bullied include those that "don't fit in" (including those with learning and physical disabilities) (16, 17, 63, 64), those perceived as homosexual, bisexual, or transgendered (6,18,19, 20), those who are socially isolated or lack social skills (59), and those that differ from the majority of their classmates in regards to race, religion, or ethnicity (2). Recent research found that 20 percent of surveyed adolescents had been bullied, had bullied others, or both, within the previous two months (62). Boys tend to physically and verbally bully more than girls (59, 62), while girls are more likely to be involved in cyber- and relational bullying, such as spreading rumors or socially excluding a peer (62, 68).

A unique category of bullying, cyber-bullying, happens through electronic media, such as the computer or cell phones. Research has found that as many as one in three 10 to 15 year olds had experienced at least one incident of cyber-bullying or harassment

within the previous year (61). Whether cyber-bullying occurs in or away from school, consequences of being victimized electronically tend to manifest at school, so it is imperative that schools be prepared to handle the unique issues surrounding cyber-bullying (61, 62, 69). Research has shown that the majority of cyber-bullying takes place through instant messages, aggressive emails, and text messages over the phone, and that as many as half of cyber-bullying victims do not personally know their aggressor (61, 68). The Centers for Disease Control and Prevention (69) suggest a combination of preventative measures to keep children safe from cyber-bullying, including software designed to block certain websites, educational campaigns for students and parents about cyber-safety, and regular communication between children and adults about their experiences with electronics and technology.

A number of highly publicized cases in the media have suggested a direct relationship between bullying and suicide. This is not the case. However, there may be an indirect relationship as children who bully others, are victims of bullying, or who are bully-victims (those who bully and are also victims of bullying) are at increased risk of symptoms of anxiety, depression, loneliness, and decreased self-esteem (60, 65, 70, 71) which are all risk factors for suicidal thoughts and behavior in children. Research has shown that students who feel victimized by other students, whether faceto-face or over the internet or telephone, have an elevated risk of suicidal ideations and behaviors (12, 20, 61, 65, 76). Both bullies and victims have been shown to have increased internalizing problems, decreased interpersonal skills, and an increased risk for depression (65, 70, 72). Research has also shown that bullyvictims, exhibit the poorest psychosocial development of the three groups (60, 73).

There are a number of strategies that school officials can implement in order to prevent bullying situations, as well as diffuse them as they are occurring. Research shows that schools' approaches to bullying prevention and intervention include:

Creating Clear Policies

» Students should understand that bullying will not be tolerated. It is critical that teachers and school staff consistently enforce the rules and give praise when they are followed (66).

Providing Adequate Supervision

» Pay special attention to times and spaces where bullying may occur, especially bathrooms, hallways, in between classes, and recess (63). If a school identifies a "hot spot" for bullying, staff should find creative ways to increase their presence there (78). » All school personnel, not just teachers, should know how to identify and respond to bullying (63, 74, 78, 79). This includes bus drivers, cafeteria workers, and coaches (74).

■ Involving Parents

- » Youth with high parental involvement and support in their lives are less likely to be bullied and bully others (25, 60, 62). Researchers suggest educating and informing parents specifically about cyber-bullying and internet harassment, particularly as technology rapidly evolves (62, 66, 67, 68).
- » Children may not be sharing their bullying experiences at home, so it may be necessary to arrange a meeting with parents or guardians to discuss a child's bullying and/or victimization (66, 79).

Utilize Technology

- » Be sure to keep up with the same technology that students are using. Not only are social media sites, such as Twitter and Facebook, and cell phones places where cyberbullying is taking place, but these are avenues through which youth may be expressing suicidal thoughts.
- The Suicide Prevention Resource Center (80) recommends that both bullying and suicide prevention programs be able to address this unique area.

Teaching Bullying Prevention

- » Because of the connection between childhood bullying and mental health problems, it is critical that schools implement an anti-bullying prevention and intervention program (66, 70, 72, 76).
- » Research has shown that lessons, policies, and prevention efforts regarding bullying should begin when children are in elementary school (70, 76), possibly as young as 5 years old (72), and that all the children in a school will benefit from bully-prevention education, not just the "troubled" or "challenging" ones (63). Programs that are administered to the entire school have been shown to be more effective than lessons or lectures that are given in a single class, or at a school assembly, as school-wide programs tend to work towards changing the environment and attitude of the school community (77, 78).
- » The following programs, while not a complete list, contain components that address bullying and school violence. They are considered evidence-based, or promising, because they have met specific criteria for effectiveness:
 - The Olweus Bullying Prevention Program http://www.clemson.edu/olweus/

- Safe School Ambassadors http://www.communitymatters.org/safe-school-ambassadors/
- Positive Behavioral Interventions and Supports (PBIS) http://www.pbis.org/
- Promoting Alternative Thinking Strategies (PATHS) http://www.channing-bete.com/prevention-programs/ paths/paths.html
- The Incredible Years: Parent, Teacher, and Child Training Series http://www.incredibleyears.com/
- Peace Works http://peaceeducation.org/
- Resolving Conflict Creatively & Partners in Learning http://esrnational.org/

When bullying does occur, there are several specific interventions to enact in order to diffuse the situation quickly and safely, as well as some strategies that have been shown not to be helpful. The following information was synthesized from The Olweus Bullying Prevention Program, a best-practice anti-bullying school-based program (79), The U.S. Department of Health and Human Services anti-bullying program, Stop Bullying Now! (78), and Eyes on Bullying (63), a multi-media anti-bullying toolkit for parents and educators.

- The critical first step is breaking up the bullying situation immediately. This is not only for the children's safety, but also sends the message that this behavior is unacceptable.
- Talk to the children involved separately in order to find out the circumstances regarding the incident due to the power imbalance inherent in bullying situations, and they should never be left alone to "work it out."
- It is also important for a school staff member to discuss the incident with bystanders, and any children that sought help should be shown appreciation.
- School staff members who intervene should allow themselves some time to consider the incident and the history of the students involved before deciding on a course of action. Interveners need to be careful not to respond aggressively or make snap judgments.
- Some interventions that have been shown not to be effective are group treatments for bullies (as they tend to reinforce bullying behavior) and peer mediation (as having to face their bullying may further traumatize a child).
- Once the situation has been diffused, it is important that

school staff follow-up with the bully (or bullies) and victim, again separately, so the bullying will, ideally, end. However, bully prevention should be thought of, and treated, as a continuous process.

Training

Research has found that teachers make effective observers about students' mental health issues (24, 26) and although they should not diagnose and treat adolescents who may be suicidal, they should certainly be taught how to recognize and refer students who may be at-risk for engaging in suicidal thoughts or behaviors, which research has found to be an essential component of any suicide prevention program (37, 43, 51-58). Research suggests that training be done at the beginning of the school year and that teachers be given periodic opportunities to discuss students who may be displaying worrisome behavior (7). School counselors can present suicide prevention training to staff and faculty that should highlight school (and/or school district) policy and procedures for referring potentially suicidal youth (81, 82).

Just as teachers should be trained and educated, students should be taught about how to interact with peers and adults, particularly about how to solve interpersonal conflicts in a nonviolent fashion (5). A safe school is one that helps students develop appropriate problem-solving and conflict resolution strategies. Pro-social behavioral skills training that focuses on problem solving, coping, and conflict resolution strategies have shown positive results on distress coping skills (38, 74). Additionally, staff and teacher training should contain specific bullying prevention and cultural competence components (74). These training programs have also been shown to reduce attempted suicides and death by suicide in adolescents (37) and may be one of the most effective ways to prevent adolescent suicide (36). Empirical evaluations of programs that have focused on such pro-social behavioral strategies have found an increase or enhancement of factors that protect adolescents from suicide while reducing the risk factors for suicide in these adolescents (40, 41, 42, 46, 48).

These strategies have also been suggested as a way to reduce depression, hopelessness, and drug abuse in adolescents, all risk factors for suicidal behaviors and/or thoughts (43). These skills can be taught by focusing on pro-social behaviors and problem-solving abilities directly through lessons or indirectly by incorporating these skills into existing classes, such as a

health class, drivers education class, physical education class, or a reading class (5). Strengthening social skills has also been found to have a positive effect on cognitive development and learning in adolescents (27). How a school chooses to address implementing problem-solving and/or pro-social behavioral education will vary due to resources and a school's individual culture, however it is essential that schools provide students with these skills, which may help control their behavior in a productive manner when faced with a challenging situation.

The Centers for Disease Control and Prevention (2) suggest the following guidelines regarding curriculum concerning safety education and instruction that helps students develop appropriate attitudes and behavioral skills needed to get through difficult situations:

- Choose a prevention program and curricula that are grounded in theory or that have scientific evidence of effectiveness.
- 2. Implement unintentional injury and violence prevention curricula consistent with national and state standards for health education.
- Use active learning strategies, interactive teaching methods, and proactive classroom management to encourage student involvement in learning about violence prevention.
- Provide adequate staffing and resources, including budget, facilities, staff development, and class time to provide violence prevention education to all students.

Programs that have utilized social skills training include the Resolving Conflict Creatively Program (RCCP), which is one of the longest and largest running programs for conflict resolution in the country, and the Promoting Alternative Thinking Strategies (PATH) curriculum. Both of these programs are evidence-based programs and have been found to have a positive impact on students, however, these are only two of the many that are available for use in schools. A school should adopt a problem-solving program that fits their school culture and their resource availability. For more information about such programs please refer to the U.S. Department of Education's Action Guide's additional resources section (5).

Discipline

Just as educating students about socially appropriate ways to deal with difficult situations is an important component of a positive school climate, the disciplining of students may be just as important because discipline is one process by which appropriate behaviors are taught (2). Disciplinary policies must be explicitly stated, use language that is easy to understand, applied fairly, and above all be applied consistently (2, 7, 10), in order to avoid creating an environment of favoritism and bias. Research has found that the best approach to disciplining students is a proactive and positive approach used by all staff and faculty (2, 5, 7). Such an approach focuses on such things as intervening before an argument escalates to a physical fight, identifying and intervening when faced with a bullying situation, teaching problem-solving skills, teaching conflict resolution strategies, and teaching socially appropriate behaviors (2, 5). Research also suggests that disciplinary approaches avoid emphasizing punishment (5, 7). Humiliating, harassing, scolding, nagging, physically aversive punishment, and other behavior-corrections that disrupt the flow of instruction should be prohibited (2, 63). Research has found that when these correction methods are used, behavioral problems in adolescents increase (44).

Physical Environment

Another component of a safe school and one that frequently gets ignored is the physical environment of the school (28). Although most research concerning the physical environment of the school does not directly discuss the physical environment as it relates to suicide, research has found that flaky ceilings, graffiti-tainted walls, scuffed-up floors, dirty bathrooms, crumbling sidewalks, and leaky toilets all contribute to a "why bother, no-one cares attitude" among students (1, 4). This "why bother" attitude may facilitate feelings of isolation and a lack of connectedness, which could contribute to a student's suicidal risk. Schools that have an aesthetically pleasing environment, however, motivate students to take more pride in their school (1). Negativism about a school has also been found to decrease the quality of teaching, the extent of learning, school attendance, and the rate of school completion (29). Although research is lacking on the influence of the physical environment on suicidal behaviors and thoughts, schools should examine the safety of their schools in order to avoid unintentional injuries as well as other problems, such as violence and bullying, which have been shown to be risk factors for suicidal behaviors and thoughts (12, 13, 20, 70, 76).

Security

One of the most obvious aspects of the school environment, which a school should certainly address, is ensuring that the school is free from weapons. One study found that those students who were frequently cyber-bullied were more likely to attempt to bring a weapon to school (61). Security cameras and metal detectors have been used effectively in order to keep weapons off school property (33, 34). How a school chooses to prevent weapons on school grounds will vary, however, all schools should comply with the Gun Free Schools Act of 1994 which requires educational agencies that receive federal funding to expel any student who brings a firearm to school for at least one year and that any student who does so should be referred to the criminal justice system. Research suggests that schools should work with parents and community agencies in order to supervise students and reduce the likelihood that they will bring a weapon to school; this may also reduce the likelihood that students will have access to a weapon (1, 2, 4, 5, 6, 32). Schools may also find it helpful to use parents and community agencies in order to broaden the web for identifying students at-risk for suicidal behaviors, thoughts, and for those who may be at-risk for other violent behavior. An essential part of any safe school is a well-established system of community links and parental involvement (1-7, 10, 21, 24, 32). For more on the necessity of community and family links please refer to Issue Brief 9: "Community Partnerships." Other physical characteristics that a school may wish to address besides firearm/weapon control includes the following:

- Number and types of exits
- Adequate lighting
- Comfortable rooms and furnishings in order to communicate to students that they are important and their comfort is considered
- Locker use, visibility, and supervision
- Parking areas
- Positive posters, bulletins, and signs
- Patterns of supervision
- Density of traffic patterns during different parts of the day
- Isolated areas, which may be ideal areas for bullying to take place
- Location and design of bathrooms
- Guardrails on stairways
- Hallway design

A closed campus to limit truancy and contact between students and outsiders (research suggests that a large number of outsiders intimidate and sell drugs to students).

Research suggests that schools should conduct comprehensive safety assessments at least once a year (30) and that more frequent assessments may be necessary for certain areas of the school such as playgrounds (31). For more information about a safe physical environment, schools should refer to and comply with OSHA regulations for safety. The Centers for Disease Control and Prevention's NIOSH branch has compiled a checklist that provides information about OSHA regulations in schools, available at http://www.cdc.gov/niosh/docs/2004-101/. Schools may also wish to utilize California's Department of Education guide, available at http://www.cde.ca.gov/ls/ss/, which provides reasons why and specific methods for examining the aforementioned physical characteristics.

In order for a school to provide a safe learning environment and positive school climate, schools should:

- Provide staff with in-service training that addresses the importance of acting in a caring and nurturing manner to students, remaining attentive to students' needs and wishes, recognizing signs of distress in students, and being able to recognize and intervene in a bullying situation.
- Ensure that there are established policies explicitly focused on harassment and bullying.
- Provide opportunities for staff to share their concern about students who may be displaying worrisome behavior.
- Emphasize positive relationships between students and all staff.
- Have a system in place to refer students suspected of abuse/ neglect.
- Treat students with equal respect, support, and care.
- Continually monitor the safety and cleanliness of the physical aspects of the school such as the halls, restrooms, and floors.
- Consistently enforce disciplinary, harassment, and civil rights policies.
- Inform students about who they may contact within the school if they do not feel safe.
- Help students feel safe about approaching an adult when they are confronted with a potentially dangerous situation.
- Address problem-solving and/or social skills strategies either by incorporating these strategies into existing curriculum or by focusing directly on these strategies.

- Ensure high academic standards.
- Make sure that students are involved in school decisions and that they have an equal opportunity to help in school activities.
- Develop links to the community (police agencies, environmental health professionals, mental health agencies, or crisis centers).
- Encourage and utilize parental involvement.
- Educate students on issues such as tolerance, harassment, bullying, and the importance of respecting others.
- Ensure a safe physical climate exists by conducting safety assessments at least once a year.
- Ensure that there are policies and procedures in place that focus on weapons in the school. It is recommended that these policies utilize outside resources such as parents or law enforcement.
- Develop after school activities or events to foster student connectedness.
- Use a positive and pro-social approach and avoid an approach that emphasizes punishment.

Three examples of school climate programs include Halfmoon Bay "Growing Pains" project, The School Transition Environment Program (STEP), and the Alberta Safe and Caring Schools Initiative. For more on safe school programs refer to the US Department of Education. Additionally, Safe School Ambassadors is a program that engages socially-influential students to intervene with their peers to prevent and stop bullying and is supported by research findings from an evaluation involving several university researchers (83). Positive Behavioral Interventions and Supports (PBIS) is an evidence-based, data-driven framework with numerous, published research studies supporting reduced disciplinary incidents, increased school's sense of safety, and improved academic outcomes (11, 23, 52).

References

- 1. Henderson, A., & Rowe, D.E. (1998). A healthy school environment. In Marx, E., Wooley, S.F., Northrop, D. (Eds.). *Health is Academic: A Guide to Coordinated School Health Programs*. New York, NY: Teachers College Press.
- United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), (2001). School health guidelines to prevent unintentional injuries and violence. Morbidity and Mortality Weekly Report, 50, RR-22.
- 3. Resnick, M.D., Bearman, P.S., Blum, R.W., Bauman, K.E., Harris, K.M., Jones, J...Udrey, R. (1997). Protecting adolescents from harm, findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association*, *278*, 823–832.
- 4. King, K.A. (2001). Developing a comprehensive school suicide prevention program. *The Journal of School Health, 71*(4), 132–137.
- 5. Dwyer, K., & Osher, D. (2000). *Safeguarding our children: An action guide*. Washington, DC: US Department of Education and Justice, American Institutes for Research.
- The Oregon Plan for Youth Suicide Prevention. (2000). Oregon Department of Human Services. Retrieved, from http:// public.health.oregon.gov/PreventionWellness/SafeLiving/ Suicideprevention/Pages/index.aspx
- 7. California Department of Education. (2011). *Safe Schools*. Retrieved from http://www.cde.ca.gov/ls/ss/
- 8. Samdal, O., Nutbeam, D., Wold, B., & Dannas, L. (1998). Achieving health and educational goals through schools-A study of the importance of the school climate and the students' satisfaction with school. *Health Educational Research*, 13, 383–397.
- 9. Rudd, R.E., & Walsh, D.C. (1993). Schools as healthful environments: Prerequisite to comprehensive school health? *Preventative Medicine*, *22*, 499–506.
- 10. Maine Center for Disease Control and Prevention. (2007). *Maine Youth Suicide Prevention Implementation Plan*. Retrieved from http://www.state.me.us/suicide/myspp/program/plan.htm.

- 11. Muscott, H., Mann, E., & LeBrun, M. (2008). Positive behavioral interventions and supports in New Hampshire: Effects of large-scale implementation of schoolwide positive behavior support on student discipline and academic achievement. *Journal of Positive Behavior Intervention*, 10(3), 190-205. doi:10.1177/1098300708316258
- 12. Center for Health Statistics (2000). A potential for violent injury. *Oregon Health Trends, 56*. Health Division, Oregon Department of Human Services. Portland, Oregon.
- 13. Lewinsohn, P., Rohde, P., & Seeley, J. (1993). Psychosocial characteristics of adolescents with a history of suicide attempt. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32(1), 60–68.
- 14 Olweus, D. (1997). Bully/victim problems in school: Knowledge base and an effective intervention program. *Irish Journal of Psychology, 18,* 170–190.
- 15. Hoover, J.H., & Oliver, R. (1996). *The Bullying Prevention Handbook: A Guide for Principals, Teachers, and Counselors.* Bloomingon, IN: National Education Service.
- 16. Hoover, J.H., Oliver, R., & Thompson, K.A. (1993). Perceived victimization by school bullies: New research and future direction. *Journal of Humanistic Educational Development*, 32,130–136.
- 17. Hoover, J.H., Oliver, R.L., & Hazler, R.J. (1992). Bullying: Perceptions of adolescent victims in the mid-western USA. *School Psychology International, 13,* 5–16.
- 18. Human Rights Watch (2001). *Hatred in the hallways: Violence and discrimination against lesbian, gay, bisexual, and transgendered students in U.S. schools.* New York, NY: Human Rights Watch
- Russell, S.T., Franz, B.T., & Driscoll, A.K. (2001). Samesex romantic attraction and experiences of violence in adolescence. *American Journal of Public Health*, 91, 903– 906.
- 20. Bontempo, D.E., & D'Augelli, A.R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. *Journal of Adolescent Health*, 30(5), 364–374.

- 21. Commonwealth of Virginia Board of Education. (2003). Suicide Prevention Guidelines. Retrieved from http://youthviolence.edschool.virginia.edu/prevention/pdf/Suicide%20 Prevention%20Guidelines%20for%20Virginia%20schools.pdf.
- 22. Battistich, B., Schaps, E., Watson, M., & Solomon, D. (1996). Prevention effects of the Child Development Project: Early findings from an ongoing multi-site demonstration trial. *Journal of Adolescent Research*, 11, 12–35.
- 23. Bohanon, H., Fenning, P., Carney, K.L., Minnis-Kim, M.J., Anderson-Harriss, S., Moroz, K.B., . . . Pigott, T.D. (2006). Schoolwide application of positive behavior support in an urban high school: A case study. *Journal of Positive Behavior Interventions*, 8(3), 131-145. doi:10.1177/1098300706008 0030201
- 24. Loeber, R., Green, S.M., & Lahey, B.B. (1990). Mental health professionals' perception of the utility of children, mothers, and teachers as informants on childhood psychopathology. *Journal of Clinical and Child Psychology, 19,* 136–143.
- 25. Baldry, A.C., & Farrington, D. P. (2005). Protective factors as moderators of risk factors in adolescence bullying. *Social Psychology of Education*, 8(3), 263-284.
- 26. Sanford, M.N., Offord, D.R., Boyle, M.H., Peace, A., & Racine, Y.A. (1992). Ontario child health study: Social and school impairments in children aged 6-16 years. *Journal of the American Academy of Child and Adolescent Psychiatry, 31,* 60–67.
- 27. Slavin, R. (1990). *Cooperative Learning: Theory, Research, and Practice*. Englewood Cliffs, NJ: Prentice Hall.
- 28. Hathaway, W.E. (1988). Educational facilities: Neutral with respect to learning and human performance? *CEFP Journal*, *26*, 8–12.
- 29. Hoy, W.K., Tarter, C.J., & Bliss, J.R. (1990). Organizational climate, school health, and effectiveness: A comparative analysis. *Educational Administrative Quarterly*, 26, 260–279.
- 30. Children's Safety Network at Education Development Center, Massachusetts Occupational Health Surveillance Program. (1995). *Protecting Working Teens: A Public Health Resource Guide*. Newton, MA: Education Development Center, Inc.
- 31. Di Scala, C., Gallagher, S.S., & Schneps, S.E. (1997). Causes and outcomes of pediatric injuries occurring at school. *Journal of School Health*, *79*, 69–75.

- 32. Gardiner, H., & Gaida, B. (2002) *Suicide prevention services: Literature review final report*. Alberta Mental Health Board,
 Research and Evaluation Unit. Calgary, AB.
- 33. Hawkins, J.D., Farrington, D.P., & Catalano, R.F. (1998). Reducing violence through the schools. In: D.S. Elliot, B.A. Hamburg, K.R. Williams, (Eds.) *Violence in American Schools: A New Perspective*. New York, NY: Cambridge University Press, 188–216.
- 34. Mercy, J.A., & Rosenberg, M.L. (1998). Preventing firearm violence in and around schools. In: D.S. Elliot, B.A. Hamburg, & K.R. Williams, (Eds.) *Violence in American Schools: A New Perspective*. New York, NY: Cambridge University Press, 159–187.
- 35. Gallup, G. (1991). *The Gallup Survey on Teenage Suicide*. Princeton, NJ: George H. Gallup International Institute.
- 36. Cole, D.A. (1989). Psychopathology of adolescent suicide: Hopelessness, coping beliefs, and depression. *Journal of Abnormal Psychology*, *98*, 248–255.
- 37. Zenere, F.J., & Lazarus, P. J. (1997). The decline of youth suicidal behavior in an urban, multicultural public school system, following the introduction of a suicide prevention and intervention program. *Suicide and Life-Threatening Behavior*, *27*(4), 387–403.
- 38. Klingman, A., & Hochdorf, Z. (1993). Coping with distress and self harm: The impact of a primary prevention program among adolescents. *Journal of Adolescent Psychiatry, 16,* 121–140.
- 39. Orbach, I., & Bar-Joseph, H. (1993). The impact of a suicide prevention program for adolescents on suicidal tendencies, hopelessness, ego identity, and coping. *Suicidal and Life-Threatening Behavior*, 23(2), 120–129.
- 40. Eggert, L.L., Thompson, E.A., Herting, J.R., & Nicholas, L.J. (1995). Reducing suicide potential among high-risk youth: Tests of a school-based prevention program. *Suicide and Life Threatening Behavior*, *25*, 276–296.
- 41. Thompson, E.A., Eggert, L.L., Randell, B.P., & Pike, K.C. (2001). Evaluation of indicated suicide risk prevention approaches for potential high school dropouts. *American Journal of Public Health*, *91*, 742–752.

- 42. Randell, B.P., Eggert, L.L., & Pike, K.C. (2001). Immediate post intervention effects of two brief youth suicide prevention interventions. *Suicide and Life Threatening Behavior, 31,* 41-61.
- 43. Gould, M., Greenberg, T., Velting, D., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(4), 386–405.
- 44. Embry, D. (2001). *The next generation multi-problem prevention: A comprehensive sciencebased practical approach.*Presentation at California Association for Behavior Analysis (CALABA). Redondo Beach, CA, February 2001.
- 45. Youth violence: A report of the Surgeon General. Descriptions of specific programs that meet standards for model and promising categories (Appendix 5-B). Appendix 5-B also includes a section on ineffective programs. Retrieved from http://www.surgeongeneral.gov/library/youthviolence/chapter5/appendix5b.html
- 46. U.S. Public Health Service. (1999). *The Surgeon General's Call to Action to Prevent Suicide*. Washington, DC.
- 47. Borowsky, I.W., Ireland, M., & Resnick, M.D. (2001). Adolescent suicide attempts: Risks and protectors. *Pediatrics*, *107*(3), 485–493.
- 48. World Health Organization. (2000). *Preventing suicide: A resource for teacher's and other school staff.* Mental and Behavioral Disorders, Department of Mental Health, Geneva.
- 49. Hazell, P., & King, R. (1996). Arguments for and against teaching suicide prevention in schools. *Australian and New Zealand Journal of Psychiatry*, *30*, 633–642.
- 50. Kalafat, J., & Elias, M. (1994). An evaluation of a school-based suicide awareness intervention. *Suicide and Life-Threatening Behavior*, *24*(3), 224–233.
- 51. Mazza, J.J. (1997). School-base suicide prevention programs: Are they effective? *The School Psychology Review, 26*(3), 382–96.
- 52. Horner, R.H., Sugai, G., Smolkowski, K., Eber, L., Nakasato, J., Todd, A.W., & Esperanza, J. (2009). A randomized, wait-list controlled effectiveness trial assessing school-wide positive behavior support in elementary schools. *Journal of Positive Behavior Interventions, 11*(3). 133-144. doi:10.1177/1098300709332067

- 53. Garland, A.F., & Zigler, E. (1993). Adolescent suicide prevention: Current research and social policy implications. American Psychologist, 48(2), 169–182.
- 54. Hayden, D.C., & Lauer, P. (2000). Prevalence of suicide programs in schools and roadblocks to implementation. Suicide and Life-Threatening Behavior, 30(3), 239–251.
- 55. O'Carroll, P.W., Potter, L.B., & Mercy, J.A. (1994). *Programs for* the prevention of suicide among adolescents and young adults. MMWR, 43, 9 (RR-6), 1-7. Atlanta: US Department of Health and Human Services, Public Health Service, CDC.
- 56. Kalafat, J., & Brown, C.H. (2001). Suicide prevention and intervention: Summary of a workshop. The National Academy of Sciences, Retrieved from http://www.nap.edu/catalog. php?record_id=10226
- 57. Kalafat, J. (2003). School approaches to youth suicide prevention. American Behavioral Scientist, 46(9), 1211-1223.
- 58. Berman, A.L., & Jobes, D.A. (1995). Suicide prevention in adolescents (ages 12-18). Suicide and Life-Threatening Behavior, 25, 143-154.
- 59. Nansel, T.R., Overpeck, M., Pilla, R.S., Ruan, W.J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. Journal of the American Medical Association, 285, 2094-2100.
- 60. Wang, J., Nansel, T.R., & lannotti, R.J. (2010). Cyber and traditional bullying: Differential association with depression. Journal of Adolescent Health, 48(4), 415-417.
- 61. Wang, J., Iannotti, R.J., & Nansel, T.R. (2009). School bullying among adolescents in the United States: Physical, verbal, relational, and cyber. Journal of Adolescent Health, 45(4), 368-375.
- 62. Ybarra, M.L., Diener-West, M., & Leaf, P.J. (2007). Examining the overlap in internet harassment and school bullying: Implications for school intervention. Journal of Adolescent Health, 41(6 Suppl 1), S42-50.
- 63. Storey, K., Slaby, R., Adler, M., Minotti, J., & Katz, R. (2007). Eyes on bullying...what can you do?: A toolkit to prevent bullying in children's lives. Education Development Center, Inc. Retrieved from http://www.eyesonbullying.org/pdfs/toolkit.pdf

- 64. Flynt, S.W., & Morton, R.C. (2004). Bullying and children with disabilities. Journal of Instructional Psychology, 31(4), 330-335.
- 65. Klomek, A.B., Marrocco, F., Kleinman, M., Schonfeld, I.S., & Gould, M.S. (2007). Bullying, depression, and suicidality in adolescents. Journal of the American Academy of Child and Adolescent Psychiatry, 46(1), 40-49.
- 66. Olweus, D. (2003). Bullying is not a fact of life. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Retrieved from http://www. mentalhealth.samhsa.gov
- 67. Berson, I.R., Berson, M.J., & Ferron, J.M. (2002). Emerging risks of violence in the digital age: Lessons for educators from an online study of adolescent girls in the United States. Journal of School Violence, 1(2), 51-71.
- 68. Kowalski, R.M., & Limber, S.P. (2007). Electronic bullying among middle school students. Journal of Adolescent Health, 41(6 Suppl 1), S22-30.
- 69. Hertz, M.F., & David-Ferdon, C. (2008). Electronic Media and Youth Violence: A CDC Issue Brief for Educators and Caregivers. Atlanta(GA): Centers for Disease Control. Retrieved from http://www.cdc.gov/violenceprevention/pub/EA-brief. html
- 70. Klomek, A.B., Sourander, A., Kumpulainen, K., Piha, J., Tamminem, Moilen, I...Gould, M.S. (2008). Childhood bullying as a risk for later depression and suicidal ideation among Finnish males. Journal of Affective Disorders, 109, 47-55.
- 71. Marsh, H., Parada, R., Craven, R., & Finder, L. (2004). In the looking glass: A reciprocal effects model elucidating the complex nature bullying, psychological determinants, and the central role of self-concept. In C.E. Sanders & G.D. Phye (Eds.), Bullying: Implications for the Classroom (63-109). San Diego, CA: Elsevier.
- 72. Arsenault, L., Walsh, E., Trzesniewski, K., Newcombe, R., Caspi, A., & Moffitt, T.E. (2006). Bullying victimization uniquely contributes to adjustment problems in young children: A nationally representative cohort study. *Pediatrics*, 118(1), 130-138.

- 73. Nansel, T.R., Craig, W., Overpeck, M.D., Saluja, G., Ruan, J., & The Health Behaviour in School-aged Children Bullying Analyses Working Group. (2004). Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Archives of Pediatric and Adolescent Medicine*, 158, 730-736.
- 74. Feinberg, T. (2003). Bullying prevention and intervention. *Principal Leadership, 36*(1), 4-5.
- 75. Centers for Disease Control and Prevention. (2009). *School Connectedness: Strategies for Increasing Protective Factors Among Youth*. Atlanta, GA: U.S. Department of Health and Human Services.
- 76. Klomek, A.B., Sourander, A., Neimela, S., Kumpulainen, K., Pila, J., Tamminen, T. ... Gould, M.S. (2009). Childhood bullying behaviors as a risk for suicide attempts and completed suicides: A population-based birth cohort study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48(3), 254-261.
- 77. Vreeman, R.C., & Carroll, A.E. (2007). A systematic review of school-based interventions to prevent bullying. *Archives of Pediatric and Adolescent Medicine*, 161, 78-88.
- 78. U.S. Department of Health and Human Services. *Stop Bullying Now!* http://www.stopbullyingnow.hrsa.gov/index.html
- 79. Olweus, D. (1993). *Bullying at School: What We Know and What We Can Do.* Malden, MA: Blackwell
- 80. Suicide Prevention Resource Center. (2011). Suicide and Bullying (Issue Brief). Newton, MA: Education Development Center, Inc., Retrieved from http://www.sprc.org/library/Suicide_Bullying_Issue_Brief.pdf
- 81. Gibbons, M. M., & Studer, J. R. (2008). Suicide awareness training for faculty and staff: A training model for school counselors. *Professional School Counseling*, 11(4), 272–276. doi:10.5330/PSC.n.2010-11.272

- 82. Popenhagen, M. P., & Qualley, R. M. (1998). Adolescent suicide: Detection, intervention, and prevention. *Professional School Counseling*, 1, 30–35.
- 83. White, A., Raczynski, K., Pack, C., & Wang, A. (2011). Evaluation report: The safe School Ambassadors® program: A student led approach to reducing mistreatment and bullying in schools. Texas State University: *Community Matters*.

Notes

School Climate



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